

Retirement/later careers issues for SAS Doctors and Colleges

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Introduction

There is increasing realisation and concern about the effect of retirement of senior, experienced doctors from the NHS workforce.

SAS doctors have different career paths, working patterns and incomes to consultants and therefore the factors affecting their decisions about when and how to retire may be different to those of consultant colleagues.

The Academy SAS Committee asked SAS leads to feedback on what work their own College was doing regarding retirement and later careers amongst SAS doctors in their specialty.

Findings

Loss of senior experienced medical workforce was a concern expressed by all Colleges who fed back, but any work that had been done previously was mainly based on the consultant workforce. RCOG have a task and finish retirement and later careers group reporting currently that does include SAS/LED doctor representation.

Actions

A recent national GMC survey gives an opportunity to find out more about time doctors in SAS/LED posts have been qualified. This could give each specialty an idea about the possible age/loss of experienced medical staff in these grades in future for each specialty. Any future surveys of SAS/LED doctors (national or specialty-specific) could perhaps also include specific questions on retirement plans to better inform workforce planning in each specialty (RCOG already planning this for its own members/associate members).

Colleges need to ensure representation and understanding of the issues surrounding SAS doctor retirement and later career plans in their specialty, which may differ from those affecting consultant colleagues, but will also have an impact on future service provision. Like their consultant colleagues, SAS doctors also need to have their job plans and on-call responsibilities (especially if these duties are physically arduous and/or resident) reviewed as their careers progress and physical resilience alters.

Many of these issues are generic to all specialties and best practice in this should be shared amongst all Colleges/specialties. We understand this is already happening at the Academy but need to ensure work is inclusive of all of the potential retiring medical workforce, not just consultants.